

(1)

Revision: HCFA-PM-91-4
August 1991

(BPP)

OMB No. 0938

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: Kentucky

Citation As a condition for receipt of Federal funds under title XIX of the Social Security Act, the

42 CFR Department for Medicaid Services
430.10 (Single State Agency)

submits the following State plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

TN # 92-1
Supersedes
TN # 86-1

Approval Date 11-14-94

Effective Date 1-1-92
HCFA ID: 7982E

(2)

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: Kentucky

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation
42 CFR 431.10
AT-79-29

1.1 Designation and Authority

- (a) The Department for Medicaid Services is the single State agency designated to administer or supervise the administration of the Medicaid program under Title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

TN # 86-1
Supersedes
TN # 78-14

Approval Date 6-23-86

Effective Date 3-1-86

(3)

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: Kentucky

Citation

Sec. 1902(a)
of the Act

1.1(b) The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

☐

Yes. The State agency so designated is

This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.

☒

Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

TN # 78-14
Supersedes
TN # _____

Approval Date 6-25-79

Effective Date 8-31-78

(4)

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: Kentucky

Citation
Intergovernmental
Cooperation Act
of 1968

1.1 (c)

Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

☐ Yes. Attachment 1.1-B describes these waivers and the approved alternative organizational arrangements.

☐ Not applicable. Waivers are no longer in effect.

☒ Not applicable. No waivers have ever been granted.

TN # 77-2
Supersedes
TN # _____

Approval Date 2-28-77

Effective Date 1-1-77

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Kentucky

Citation

42 CFR 431.10
AT-79-29

1.1(d)

☐

The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.

☒

Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1 (a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

TN # 77-2

Supersedes

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Approval Date 2-28-77

Effective Date 1-1-77

Revision: HCFA-AT-80-38
May 22, 1980

(BPP)

State Kentucky

Citation

42 CFR 431.10
AT-79-29

1.1(e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.

(f) All other requirements of 42 CFR 431.10 are met.

TN # 77-2
Supersedes
TN #

Approval Date 2/28/77

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